Department of Health and Human Services
Maine People Living Safe, Healthy and Productive Lives

MaineCare Accountable Communities Initiative

Member Attribution Methodology

January 28, 2014

Agenda

Meeting Cadence

- All conference lines will remain muted throughout the presentation
- Press “*6” to unmute your line if you would like to ask questions

Welcome & Introductions

Accountable Communities Implementation Timeline

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Methodology Review Sessions	• February: Quality Framework, Savings Assessment Methodology Part I • March: Savings Assessment Methodology Part II
Federal & State Authority	• Dec/ Jan: Ongoing discussions with CMS • Early Feb: State Plan Amendment submission to CMS • Maine Rulemaking
Contracting	• March: Negotiations
Implementation	• May 1: Implementation

State & Partner Roles in Attribution Process

State & Partner Roles in Attribution Process

Office of MaineCare Services	• Policy decisions • Provide claims and enrollment data
Deloitte	• Contract with State to develop and test methodology • Conduct attribution for benchmark period
Maine Health Management Coalition Foundation	• Will conduct quarterly attribution updates and final attribution for performance year • Provide consultation to State & Deloitte • QA of AC National Provider Identifier (“NPI”) information
USM Muskie School	• Provide consultation and technical assistance to State & Deloitte

Background on Member Attribution

Background on Member Attribution

The MaineCare Accountable Communities initiative will not restrict members' freedom of choice. Accordingly, members will be aligned with, rather than enrolled in, Accountable Communities.

To align members with Accountable Communities, a member attribution process will be performed.

What is Member Attribution

- A method by which a state can reasonably credit the activities of a care coordination provider to beneficiary care outcomes and program cost.
- Attribution will use a series of criteria to align members to an Accountable Community ("AC").
- Members attributed will be included in the Per Member Per Month ("PMPM") Total Cost of Care ("TCOC") calculation for each AC.

Why Perform Member Attribution

- Attribution ensures that an AC is not at risk for costs for which they have no control
- Attribution also appropriately links an AC's actions to the shared savings payment methodology

Member attribution is a key step in PMPM TCOC development

Overview of Open Group Member Attribution Methodology

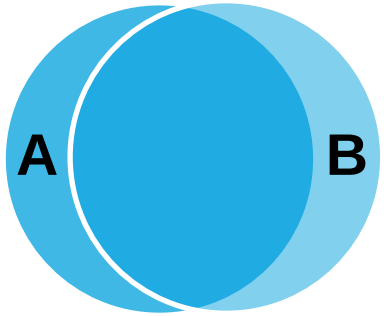
Overview of Open Group Member Attribution Methodology

The MaineCare AC initiative will utilize an open group member attribution methodology.

Definition of an Open Group Member Attribution Methodology

Open Group Member Attribution:

- Member attribution is performed both in the benchmark period and performance year.
- Quarterly attribution updates will be provided.
- It is anticipated that the majority of the attributed members will be the same between the benchmark period and performance year.
- Final attribution is determined at the end of each performance year.



- **Population A**: Members attributed in benchmark period.
- **Population B**: Members attributed in performance year.
- **Population A** and **B** overlap with each other.

Benefits of an Open Group Member Attribution Methodology

- An open group member attribution methodology is CMS's preferred methodology.
- It mirrors the attribution methodology used in Medicare Shared Savings Program.
- More accurate member attribution, and savings and loss payment calculations.
- Data in the benchmark and performance periods are more symmetrical.
- Fewer adjustments will be made to the performance period PMPM to account for data inconsistencies.
- It enables a focus on providing the same level of care for all MaineCare members.

Timing of Member Attribution

Timing of Member Attribution

Below summarizes the timing of the member attribution in the benchmark period and performance period.

Benchmark Period Attribution:

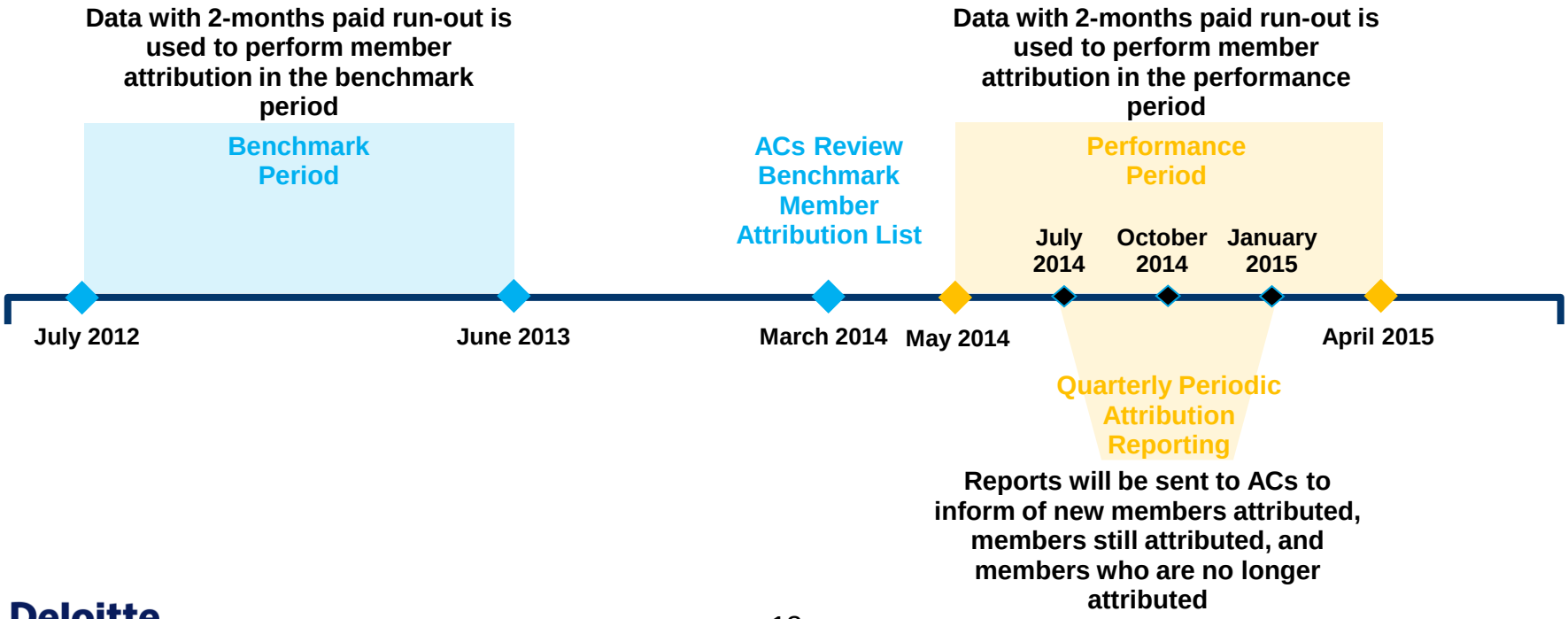
- State Fiscal Year 2013 (July 2012 – June 2013) data with 2-month run-out is used for member attribution in the benchmark period.
- ACs will be able to review member attribution lists in March 2014.
- Benchmark period attribution will be finalized in the next few months.

Periodic Attribution Reporting:

- Interim member attribution will be performed each quarter in the performance period and reports will be provided to each AC.
- Each AC will be able to see new members attributed to them and members who are dropped out of the program.

Final Performance Period Attribution:

- Full 12 months of performance period (anticipated to be May 2014 – April 2015) data with 2-month run-out is used for member attribution in the performance period.
- This is considered final attribution reporting.



Attribution
Review and Reconciliation

Accountable Communities Attribution Review and Reconciliation

Each AC will have the opportunity to review their benchmark period attributed member list. A reconciliation process will be conducted if significant discrepancies are observed.

Review Attributed Member List

- The attributed member list (consisting of Medicaid ID) will be sent to each AC in March 2014
- Each AC will have the opportunity to review their benchmark period attributed membership and determine discrepancies

It is anticipated that minimal discrepancies for the attributed member list will occur due to the following:

- Validated AC provided NPIs with the national NPI database and the detailed claims data used for attribution
- Health Home membership and utilization in claims data will be utilized to attribute members

However, a reconciliation process will be conducted if significant discrepancies are observed.

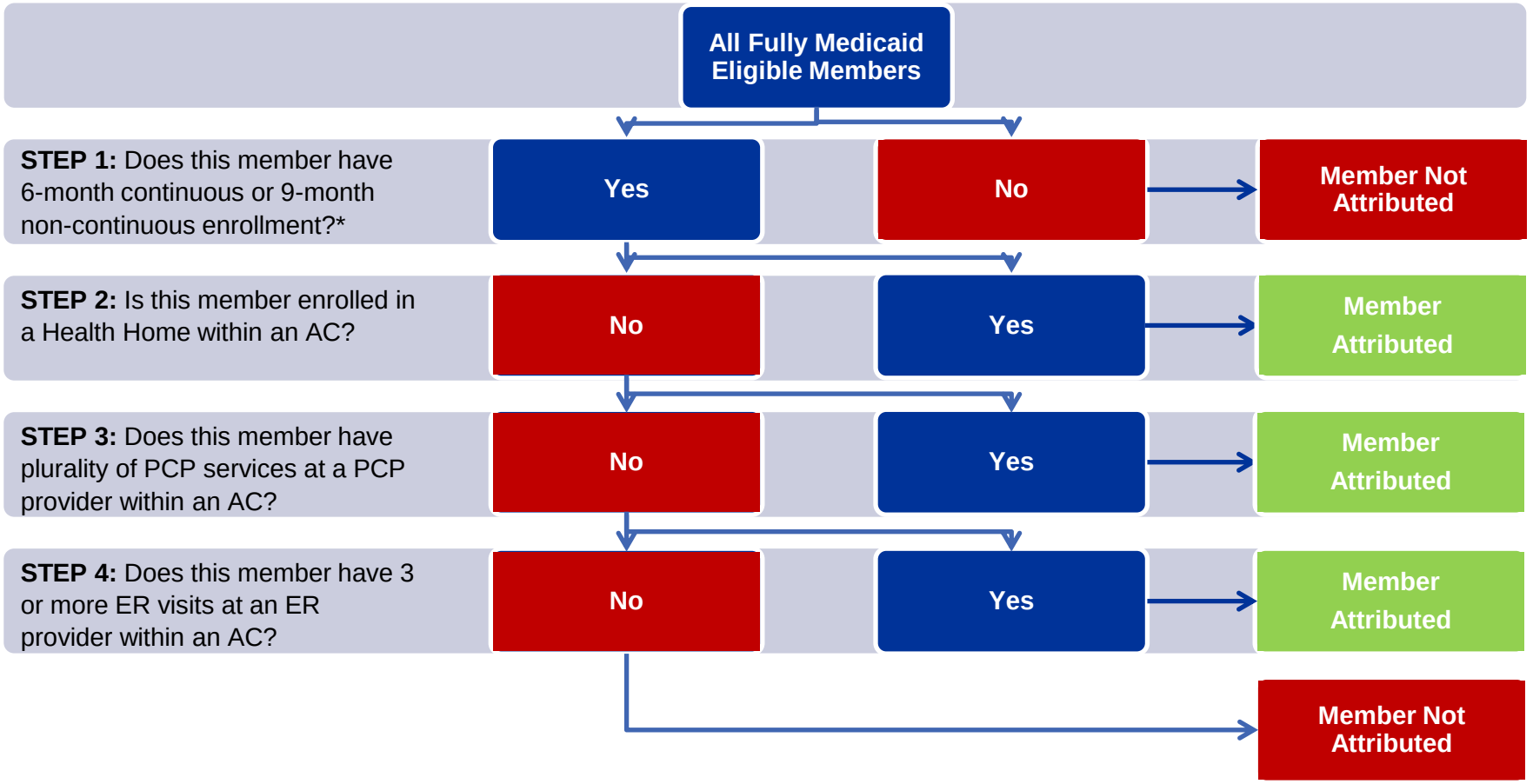
Reconciliation Process

- AC submits discrepancies and questions to the State
- The State will review the questions and provide support from data on why members were attributed
- If material differences are observed, a reconciliation process will be conducted

Member Attribution Steps

Member Attribution Steps

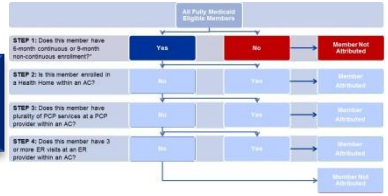
Members will be attributed to an AC using the below criteria.



*__Note__: A member has to be fully Medicaid eligible for 6-month continuous or 9-month non-continuous in the desired 12-month period to be considered for attribution.

Member Attribution Considerations

Member Attribution Data Considerations – Step 1



Step 1: Does this fully eligible member have 6-month continuous or 9-month non-continuous enrollment?*

The following considerations will be applied during Step 1 of the attribution process.

Definition of Full Eligibility

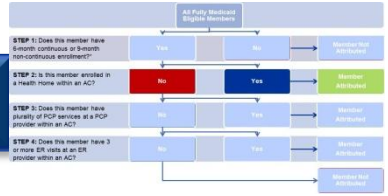
- A member can qualify for various aid categories (i.e. rate codes) with associated benefit levels.
- Only members who receive full benefits are eligible for attribution.
- If a member has multiple aid categories for a specific month, one indicating full eligibility and another indicating partial eligibility, an aid category hierarchy will be applied to determine if a member is eligible for attribution for that month.

Enrollment Period Criteria

- The criteria of 6-month continuous or 9-month non-continuous enrollment is based on the most recent 12-month enrollment information available.

*__Note__: A member has to be fully Medicaid eligible for 6-month continuous or 9-month non-continuous in the desired 12-month period to be considered for attribution.

Member Attribution Data Considerations – Step 2



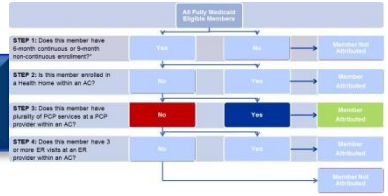
Step 2: Is this member enrolled in a Health Home within an AC?

The following considerations will be applied during Step 2 of the attribution process.

Assignment through Health Home Enrollment

- Since the Health Home program was recently implemented in January 2013, a member snapshot will be used to identify enrolled members.
- Deloitte was provided each member enrolled in health homes and their selected care provider as indicated by the site level NPI+3 for September 2013.
- A member's site level NPI+3 information is used together with the site level NPI+3 information received from each AC to attribute members to their corresponding AC.

Member Attribution Data Considerations – Step 3



Step 3: Does this member have plurality of PCP services at a PCP provider within an AC?

The following considerations will be applied during Step 3 of the attribution process.

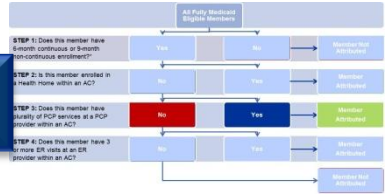
Definition of Plurality

- Plurality is quantified in terms of a count of primary care services.
- A member's primary care services inside the AC are combined for all participating providers.
- A member's primary care services outside of an AC are rolled up at the pay-to NPI level.
- A member's accumulation of primary care services within each AC is compared to the accumulation of primary care services at each pay-to NPI level outside any AC. The member will be attributed to either an AC or a pay-to NPI where there is plurality of services.
- If a tie exists between service counts inside and outside the AC, the attribution will be determined by if the most recent visit occurred inside or outside the AC.

Use of NPI Information

- Rendering provider NPIs received from the ACs are used to identify non-Federally Qualified Health Center ("FQHC"), non-Rural Health Center ("RHC"), non-Indian Health Services ("IHS") primary care services in the program.
- Site level NPI+3 are used to identify FQHC/RHC/IHS primary care services in the program.
- Claims that are not associated with the NPIs provided will be considered for accumulation of services outside the program.

Member Attribution Data Considerations – Step 3 (continued)



Step 3: Does this member have plurality of PCP services at a PCP provider within an AC?

The following considerations will be applied during Step 3 of the attribution process.

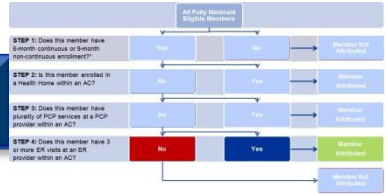
Codes to Define Primary Care Services

- Primary Care Services are defined by the following set of codes:
  - CPT Procedure Codes between 99201-99215, 99304-99340, 99341-99350, 99381-99387, 99391-99397; OR
  - HCPC Codes G0402, G0438, G0439, T1015; OR
  - Revenue Codes 0520, 0521, 0522, 0523, 0524, 0525, 0526, 0527, 0528, 0529, 0982, 0983; OR
  - Diagnosis Codes V700, V703, V705, V706, V708, V709

Definition of PCP Provider

- The claim must have either a rendering or site-level NPI provided by the AC; AND
- The site level or rendering physician, nurse practitioner, certified nurse midwife, or physician assistant MUST HAVE one of the below designated specialties or practice in a specified location:
  - Have a primary specialty designation of internal medicine, general practice, family practice, pediatrics, geriatric medicine, obstetrics or gynecology; or
  - Practice in a RHC, FQHC, an IHS center, or School Health Center.

Member Attribution Data Considerations – Step 4



Step 4: Does this member have 3 or more ED visits at an ED provider with an AC?

The following considerations will be applied during Step 4 of the attribution process.

Codes to Define Emergency Department Services

- Emergency Department visits are defined by claims with the following set of codes:
  - Revenue Codes 0450-0459, 0981; OR
  - CPT Procedure codes 99281-99288.

Definition of ED Provider

- Only Emergency Department visits which occurred at the emergency department provider NPIs provided by the ACs are used to count visits.

Accumulation of ED Visits

- Emergency Department visits with providers outside of any AC are rolled up at the pay-to NPI level when counting emergency room visits.
- A member's accumulation of emergency room services within each AC is compared to the accumulation of emergency room services at each pay-to NPI level outside any AC. The member will be attributed to either an AC or a pay-to NPI where there is plurality of services.

Attribution Next Steps:
Accountable Communities

Attribution Next Steps: Action Needed by Some AC's

- In its review of AC "Template A" listings of provider and site-level NPI's, MaineCare and the Maine Health Management Coalition Foundation have identified a number of potential errors:
    - Incorrect provider NPI's
    - NPI's listed for providers who have left the practice
    - NPI's listed for providers listed as practicing at a different site
- MaineCare will be reaching out to notify, confirm and/or seek clarifying information from some AC's when appropriate within the next week.

Questions?